

Wisconsin Medicaid Drug Addition/Correction Request Form

This form must be used to request the addition of National Drug Code (NDC) billing codes for unlisted over-the-counter (OTC) drugs. Providers must use this form to notify Wisconsin Medicaid of pricing errors contained in the drug index. Pharmacies *must send/fax a copy of an invoice* to substantiate any price change in the Maximum Allowed Cost (MAC) list. New NDCs are automatically added to the Wisconsin Medicaid drug file subject to Wisconsin Medicaid limitations if the manufacturer has signed a drug rebate agreement with the Health Care Financing Administration. This form is to be used by Wisconsin Medicaid-certified providers only.

MAIL TO: Drug Price File
Division of Health Care Financing
P.O. Box 309
Madison, WI 53701-0309

FAX NUMBER: (608) 266-1096

Provider Name: _____ Prov ID No: _____
Street/Mail Address: _____ Tel No.: _____
City, State, ZIP: _____

NEW DRUG ADDITIONS

NDC (11 digit number)	Drug Name	Pkg Size	AWP	Disp Date	RX/OTC?

A — Added to Index as Requested; B — Already in Index; C — Less-Than-Effective (LTE) Drug (non-covered); D — Not Eligible for Coverage

PRICE UPDATE/CORRECTION

NDC (11 digit number)	Drug Name	Pkg Size	Currently Allowed	Correct Price	Eff Date

Describe reason for drug price update request (e.g., no generic available at MAC price, manufacturer prices increase which is not reflected on Wisconsin Medicaid price file).

I certify that the price listed on the invoice reflects my actual net costs after rebates or any other discounts received from my drug wholesaler or any other entity.

Pharmacist Signature:

Date:

REMINDER: Attach a copy of the invoice to verify any requests for price change.